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ENABLING EQUITABLE HEALTH REFORMS PROJECT IN ALBANIA

THIRD ANNUAL REPORT–FY2013

(OCTOBER 1, 2012 – SEPTEMBER 30, 2013)

October 10, 2013

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TABLE OF CONTENTS

LIST OF ACRONYMS

BOD	Board of Directors
CAC	Community Advisory Councils
CME	Continuing medical education
COP	Chief of Party
CSO	Civil Society Organization
EEHR	Enabling Equitable Health Reforms Project
HII	Health Insurance Institute
HIS	Health Information Systems
HR	Human Resources
HRISG	Health Reform Implementation Support Group
IPH	Institute of Public Health
IT	Information Technology
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MOU	Memorandum of Understanding
NCCME	National Center for Continuing Medical Education
NCQSA	National Center for Quality, Safety, and Accreditation
NGO	Non-government organization
PBMP	Performance-Based Monitoring Plan
PHC	Primary health care
PIR	Project Intermediate Result
QR	Quarterly Report
SOW	Scope of Work
STTA	Short-term technical assistance
TOR	Terms of reference
USAID	United States Agency for International Development
USG	United States Government
WHO	World Health Organization

1. EXECUTIVE SUMMARY

This Third Annual Report of the USAID-funded Enabling Equitable Health Reforms (EEHR) in Albania Project covers the period from October 1, 2012 through September 30, 2013. The objective of the EEHR project is to address the identified barriers and obstacles to more effective health policy and reform implementation in order to increase access to health services, particularly for the poor. The project has three strategies to meet its objective:

- Improve capacities to implement a set of health reform interventions in selected sites;
- Improve health reform policy and planning; and
- Enhance non-state actors' participation and oversight of health systems performance.

EEHR works collaboratively and closely with the Ministry of Health (MOH), key national and regional-level health institutions in Albania, and non-state actors to develop and implement its activities. Reform implementation supported by the project is focused on secondary level health care in selected sites in Tirana, Korca, and Lezha. Year 3 of the project was characterized by implementation of capacity building activities related to hospital-level interventions, including institutionalizing mechanisms and tools for improved hospital performance and governance, ongoing support to national-level health policy process improvements, the development of a strategy to support the engagement of non-state actors in the health reform process and initial activities to implement that strategy. The project's Performance Monitoring Plan and Annex A: Status of EEHR Year 3 Work Plan Activities to this report provides detailed updates on targets achieved.

The project continues to work in a highly fluid health sector leadership environment, particularly so given a change in government in Year 3 resulting in three different ministers of health throughout the year. The national level changes have impacted the speed of some interventions, particularly the proposal to increase hospital autonomy. The project has utilized a three-pronged strategy to achieve success in this environment:

1. Establish new working relationships with new appointees while simultaneously relying on participatory group decision-making through structures like the Health Reform Implementation Support Group (HRISG);
2. Focus much of the capacity-building efforts on mid-level managers and at the technical level where turnover is less frequent, and develop tools and mechanisms that will be sustained beyond personnel changes; and
3. Build mechanisms, expertise and a culture of data-based decision making for health planning, monitoring and performance evaluation.

In Year 3, EEHR made tremendous progress under Strategy 1: Improve Capacities to Implement a Set of Health Reform Interventions in Selected Sites. EEHR continued to support management teams in pilot hospitals to address a wide range of key issues including management and governance; incident reporting; visitor control; human resource management; health information systems (HIS); out-sourcing of non-clinical services; space planning and utilization; pharmaceutical supply management; environmental services; payment services; and referrals. In the course of Year 3, 18 new internal working groups were established in the hospitals, bringing the cumulative total to 36. 235 staff members were trained and four new policies/procedures were developed and tested. Hospital teams are invigorated by the progress being made, positive and tangible changes, and access to the technical guidance of the project. Activities and progress under Strategy 1 are being discussed with national and regional stakeholders via mechanisms articulated and supported under Strategy 2 with successfully field tested mechanisms feeding into national policy and being adopted for roll-out.

To further complement technical assistance efforts designed to improve service delivery in target hospitals under Strategy 1, the EEHR contract was modified in April 2013 to include the provision of material assistance. The material assistance includes the purchase of information technology (IT) and telemedicine equipment, furniture, and directional signs; limited refurbishment of targeted areas in three health care facilities; computer network installation, and procurement of HIS modules. EEHR moved forward to plan and initiate the procurement of material assistance in Year 3, successfully completing the refurbishment work and installation of a Visitor Control System in Queen Geraldine Maternity Hospital in Tirana, development of refurbishment plans for Korca and Lezha hospitals, and the procurement of internal and external directional signs in Korca and Lezha hospitals. Refurbishment work in Korca and Lezha hospitals is planned to be completed in quarter one of Year 4, with procurement of HIS modules and related IT equipment and furniture now planned to be procured and installed over the course of Year 4.

Project progress at a glance – taking stock in Year 3

Since project inception, EEHR has facilitated the creation of a national body to oversee health reform implementation, monitoring, and to recommend policy changes, the Health Reform Implementation Support Group (HRISG). After collaboratively deciding on a short list of priority reform interventions with counterparts, the project supported the development of 13 new tools and mechanisms to support implementation of health reform. In the first three years, EEHR has engaged a total of 153 people in this health reform implementation, including government representatives.

HRISG has met four times, and has taken seven policy decisions. Five additional decisions have been taken for revising regional roles and responsibilities, and the path to hospital autonomy has been defined. In order to build consensus and receive community feedback on health reform implementation activities, three advocacy and engagement meetings have been conducted with participation from civil society and communities.

In support of Strategy 2: Improve Health Reform Policy and Planning, EEHR provided training and technical assistance to the national and regional level bodies and individuals responsible for monitoring, evaluating, assessing and planning health programs and sector decisions. Most assistance under this strategy is provided using a mentoring approach, building the capacities of national and regional level bodies to collect, report, analyze and use data for decision-making. Two meetings of the HRISG were held this year at which decisions were taken to propose policy changes to:

- Increase hospital autonomy, the hospital board by-laws have been approved for official recommendation to the Minister of Health;
- Roll out nationally the HR Policies and tools for staff job descriptions and new employee orientation;
- Establish the national incident reporting system, and approval of the National Guidelines,
- Establish regional policy and planning groups with functional terms of references.
- To formally approve the Annual Performance Assessment Report

As the key health reforms and concrete activities were defined and initiated in the first two years of the project at the hospital level in Tirana and two regions, EEHR moved forward in Year 3 with activities under Strategy 3: Enhancing Non-State Actors' participation and Oversight in Health Systems Performance. Implementation of Strategy 3 activities was phased in so that demand for improved health facility and health system performance would not outpace supply-side improvements. In Year 3, the project supported a formative research through a grant to inform the communication strategy and action plan that is the blueprint for activities under this Strategy. Two new RFAs have been drafted (in addition to the three developed and awarded in Year 3), so the activities should be moving at a faster pace in Year 4. The research served also to fill a gap in knowledge of consumers' information sharing and engagement preferences, and attitudes, knowledge

and beliefs about their health system. EEHR developed a communication strategy and a detailed action plan based on the feedback gathered. Activities were initiated via grants to civil society organizations (CSOs) through the Small Grants Program. As a complement to direct engagement with CSOs, the project worked to develop better internal and external communication at hospital sites, and trained MOH and other health officials on techniques for effectively working with the media.

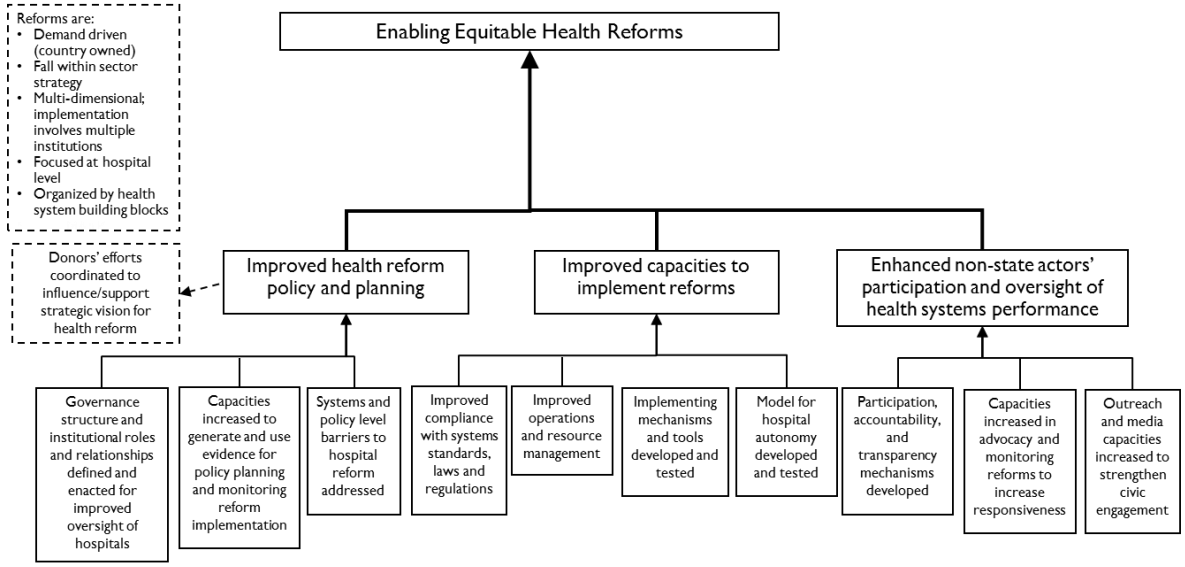
The project was fully staffed in Year 3 which facilitated smooth operations supported by home office staff. Several international specialists (in hospital operations, costing, HIS, community engagement, hospital payments and service packages) fully versed in the technical aspects of the project and the Albanian environment continued their engagement and technical assistance to counterparts. A key procurement of HIS software (and a subsequent procurement of equipment and infrastructure) has been delayed due to a complaint by one of the non-successful bidders. This complaint is being considered by USAID with Abt cooperation and the issue should be resolved early in Year 4 so that material assistance activities can continue to move forward in a timely manner. Another delay experienced was in the implementation of the Small Grants Program. Given the Year 2 change in strategy for engaging non-state actors, made in close consultation with USAID, the project was faced with a dearth of data on consumer preferences for communication and engagement which is essential for a more direct approach to community engagement, and thus a study was commissioned to inform the strategy which delayed somewhat activities under this Strategy.

2. PROJECT OBJECTIVE AND APPROACH

The primary objective of the EEHR project is to address the identified barriers and obstacles to more effective health policy and reform implementation in order to increase access to health services, particularly for the poor. EEHR is organized by an over-arching results framework (Figure 1) with three strategies to meet the goal of the project:

- Improve capacities to implement a set of health reform interventions in selected sites;
- Improve health reform policy and planning; and
- Enhance non-state actors' participation and oversight of health systems performance.

FIGURE 1. EEHR RESULTS FRAMEWORK



These three strategies map to governance objectives as well as health sector objectives. Strategy 1 includes improvements in hospital governance and management to be more responsive to the public. Strategy 2 contributes to improving overall health sector stewardship and governance, while Strategy 3 helps channel the voice of the Albanian public to both health facilities and national health sector institutions to continuously improve their performance and increase their responsiveness. Additionally, EEHR activities address three cross-cutting aspects of health sector governance:

- Capability – supporting health sector institutions responsible for implementing legislation and policies around health reform to build their capacity to carry out their assigned functions;
- Accountability – building and strengthening mechanisms for holding health sector actors responsible; and
- Responsiveness – establishing processes and incentives to identify and respond to concerns of relevant stakeholders and consumers.

The results framework is consistent with the four priority components of the Ministry's draft Health Sector Strategy: 1) increasing the capacity to manage services and facilities in an efficient way; 2) increasing access to effective health services; 3) improving health system financing; and 4) improving health system governance.

In Year 1, EEHR, in close collaboration with key counterparts and stakeholders, conducted a series of sector-wide analytical and diagnostic reviews in a number of key areas, including health governance, health financing and the role and functions of HII, and health sector M&E. EEHR also designed and implemented a regional assessment to understand regional barriers to reform implementation, assess local capacity to implement reforms to improve access to health services, and select regions/sites for implementation. This diagnostic work, paired with intensive follow-up discussions with USAID, MOH, and other health sector institutions early in Year 2, suggested that supporting Albania to design and implement a set of coordinated interventions at the secondary (hospital) level of the health care system was most needed. The interventions fall under the six health systems strengthening building blocks of: Service Delivery, Health Workforce, Health Information Systems, Medical Products and Technology, Health Financing, and Governance. When implemented together, the interventions test a holistic model for improving the organization and delivery of hospital services as a key component in improving overall health system performance and expanding access to health care services in the long term.

3. YEAR 3 ACTIVITIES AND PROGRESS ACCORDING TO PROJECT STRATEGIES

In Year 3, EEHR implemented activities using a highly collaborative approach to improving capacity, responsiveness and accountability in the health sector, starting with pilot site interventions. The project made rapid progress in improving capacities to implement reform interventions in the pilot sites using a variety of capacity building technique including:

- Technical advice from recognized global experts;
- One-on-one mentoring;
- Training;
- Collaborative development and implementation of tools, processes, and techniques; and
- Provision of (limited) material assistance.

The EEHR approach has begun to tangibly improve the organization and delivery of hospital services while simultaneously building local capacity to design, implement, and monitor reform implementations. Working groups at the hospital level oversee implementation of improvements in hospital governance, management and performance. As these reform interventions, including the tools, guidance, and mechanisms developed to support implementation, are refined with EEHR support, counterparts feed proposals based on lessons learned for national adoption and replication to additional hospitals. The HRISG and its working groups (Technical Hospital Working Group, Hospital Autonomy Working Group, Package of Services/Hospital Financing Working Group, and the National Incident Reporting Group) on hospital reform are actively engaged and shepherding the results of field-tested tools and mechanisms into policies and procedures to be adopted nationally. Strategies have been employed by the project to mitigate the impact of health sector leadership transitions over the course of Year 3. In this step-by-step manner, the new enabling environment for health reform in Albania supports improved performance of the health sector, increased access to care and responsiveness to the population, and increased capacity to design, implement, and monitor reform interventions. Non-state actors are included in updates of progress, and work with these groups, including consumers, will be further promulgated in Year 4 to improve the accountability and responsiveness of targeted hospitals and the wider health system to their needs.

Progress against specific EEHR Year 3 Work Plan activities under the project's three strategies is described in further detail below.

3.1 STRATEGY 1: IMPROVE CAPACITIES TO IMPLEMENT A SET OF HEALTH REFORM INTERVENTIONS IN SELECTED SITES

In Year 3, EEHR achieved or exceeded its activity and performance targets under this strategy. EEHR continued to support management teams in pilot hospitals to address a wide range of key issues including management and governance; incident reporting; visitor control; human resource management; HIS; out-sourcing of non-clinical services; space planning and utilization; pharmaceutical supply management; environmental services; payment services; and referrals. Hospital teams are invigorated by the progress being made, positive and tangible changes, and access to the technical

guidance of the project. Activities and progress under Strategy 1 are being discussed with national and regional stakeholders via mechanisms articulated and supported under Strategy 2.

To further complement technical assistance efforts designed to improve service delivery in target hospitals under Strategy 1, the EEHR contract was modified in April 2013 to include the provision of material assistance. The material assistance includes the purchase of information technology (IT) and telemedicine equipment, furniture, and directional signs; limited refurbishment of targeted areas in three health care facilities; computer network installation, and procurement of HIS modules.

The following activities and accomplishments are listed according to the numbering in the EEHR Year 3 Work Plan.

Activity 1: Improve Organization and Management of Package of Hospital Services

EEHR facilitated the establishment of an MOH-led working group, reporting to the HRISG, tasked to produce the benefit package for hospitals, the EEHR project supported in planning, developing and finalizing the package of hospital services. An EEHR international expert worked with the hospital group over a period of six months, including three trips to Albania, on defining a package of services and a new hospital payment system (See Activity 11 below). In the process of determining a recommended package of hospital services (and how it will be managed) the consultant and the working group:

- Solicited inputs from medical professionals on recommendations for the package of services;
- Identified targeted populations and discussed feasible, priority health services to be delivered at the hospital level for each population constituency;
- Reviewed the services currently being provided in regional hospitals and determined what crucial services should be offered in the hospitals under the new hospital benefit package;
- Explicitly defined a recommended package of hospital services based on social, medical, and economic criteria and the actual situation in hospitals in terms of human resources (staffing levels and skill requirements), supplies, equipment, and HIS.

This package of services is under consideration at the Ministry of Health. The benefit package, once approved, will be field tested in EEHR's two pilot regional hospitals in Korca and Lezha in Years 4 and 5 of the project.

EEHR suggesting budgeting parameters around the defined package of services, including factors related to adding or removing services over time. EEHR also used available data on services costs to suggest an approach to costing of hospital services at regional hospitals which also enables understanding the cost implications of adding or removing services from the proposed package. While there is not sufficient data available at this time to accurately cost the entire package, EEHR has provided the government of Albania with guidelines for monitoring costs and making adjustments to the package as needed going forward.

Activity 2: Strengthen Human Resource (HR) Management to Improve Performance and Increase Staff Accountability

In Year 3, EEHR worked closely with hospital HR working groups on this activity with the following results:

- Staff job descriptions, new employee orientation, and performance monitoring and evaluation were implemented and institutionalized, and additional HR modules were introduced for implementation at pilot hospitals. EEHR conducted bi-annual check-ins with personnel managers on employee reviews and staff planning, institutionalize this process within the hospital, and documented results.
- Upon successful completion of field testing of these initial tools, EEHR supported hospital

managers and HR working groups to determine which of the 19 remaining HR tools[1] and methods are most appropriate to begin implementing at the pilot hospitals in 2013, and initiated implementation.

- Protocols and systems were developed and implemented for staff identification for all hospital staff. The following is a sample of the front and a back side of the ID cards that were developed and are now in use in all pilot hospitals.

FIGURE 1: New hospital identification cards in Korca Regional Hospital

In order to ensure national level attention, feedback and buy-in to these reforms, EEHR worked closely with the HRISG working group to discuss field tested human resources tools and mechanisms for nation-wide adoption. The HRISG recommended to the MOH a national rollout of detailed staff job descriptions and new employee orientation programs

On June 18th, in collaboration with the WHO and MOH, EEHR organized the First Conference on Strengthening the Role of Human Resources in Improving the Health Care System of Albania. The conference was attended by the Minister of Health and more than 74 representatives from national and regional health institutions and professional organizations. The main topics of the conference were: human resource management (HRM) at health institutions (focusing on HRM improvements at EEHR pilot hospitals), continuous education as a tool for quality improvement, the regulatory framework for HR in health care, and HR policy and planning. The participants in the conference came up with a number of recommendations for decision makers at the MOH and other national health institutions that will enable the advance of HR in health care in Albania. Among the recommendations were those to spread the EEHR piloted HR initiatives to more hospitals in Albania. This recommendation reinforced the recommendation to the MOH made by the HRISG meeting in February.

Activity 3: Support Improvements in Health Information Systems (HIS) to Modernize Internal Hospital Operations and Generate Information for Management Decision-Making

In Year 3, EEHR continued to implement its technical approach to hospital information system deployment and support that involves delivering customized solutions to the needs of the regional hospitals of Korca and Lezha on the one hand and those of Queen Geraldine Maternity Hospital on the other. The project achieved its objective of the technical approach at the Maternity Hospital by continuing to increase the utilization of the Astraia obstetrics and gynecology software and document the impact of this on patient care and decision-making.

EEHR continued to work on strengthening the utilization of the Astraia software at the Queen Geraldine Maternity Hospital in Tirana. Trainings and on the job support were provided to all medical staff for a total of 209 doctors, midwives, nurses and administrative staff. The following indicators (Figures 2 and 3) from the utilization of the Astraia software at the hospital suggest that in

[1] The project uses 22 components of the HR Rapid Assessment Tool. This is the instrument is based on the Human Resource Management Rapid Assessment Tool for Health Organizations: A Guide for Strengthening HRM Systems, 2nd edition Management Sciences for Health, 2009

this year there was a significant increase of electronic Medical Data Completeness (completed Anamnesis, Lab Results, Reports, are measured for this indicator). There was a slight dip in August that may be attributed to staff vacations. Numbers of printed reports for patients and transferred ultrasound images have increased significantly during the EEHR training period. Ultrasound images are now available to all doctors within the hospital because of the connection between ultrasound machine and Astraia software provided by EEHR. Astraia is mainly a Clinical Software whose main beneficiaries are doctors. However, other hospital staff and non-clinical departments/units and proceces benefit from this program as well: Statistics department, Finance Department ans well as Pharmaceutical/Stockstock) Flow management and Visitor Control Management. Monitoring reports on the utilization of the software are produced weekly with EEHR assistance and made available to hospital management to support data-driven decision making. EEHR accredited the trainings on Astraia with the NCCME and received 10 credits.

FIGURE 2: MEDICAL DATA COMPLETENESS

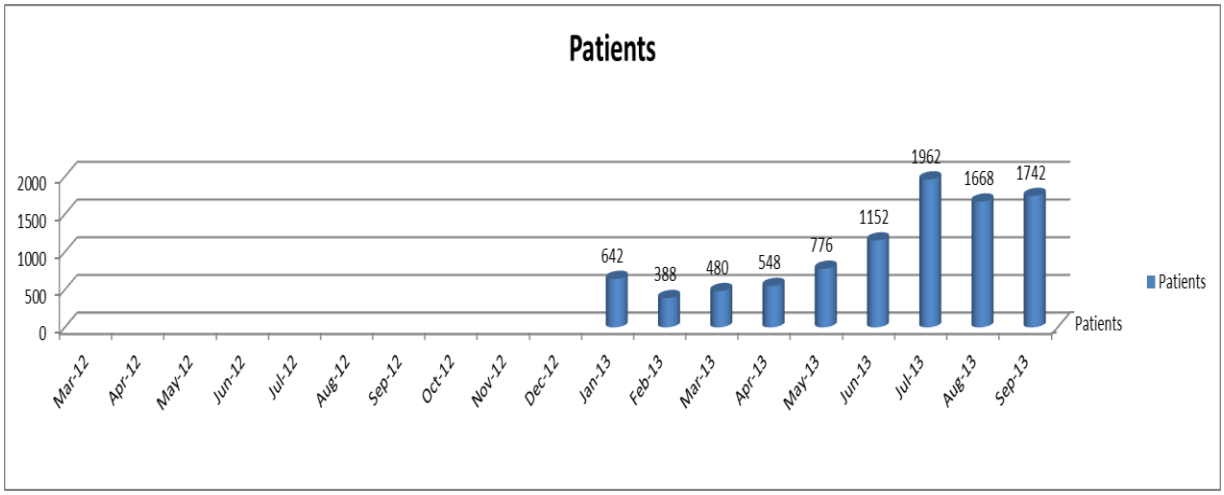
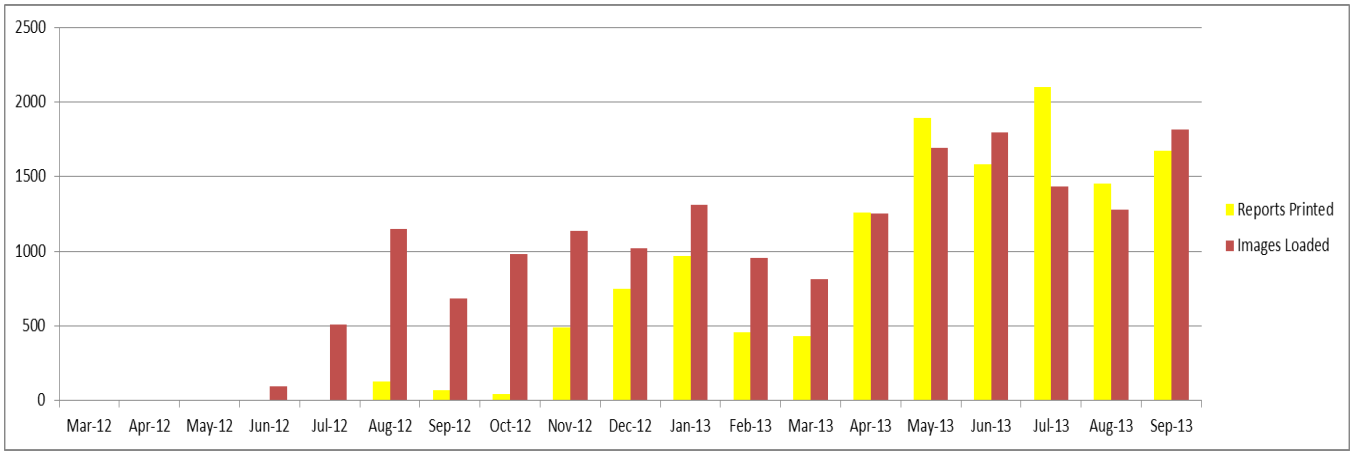


FIGURE 3: REPORTS PRINTED/IMAGES LOADED



The lessons learned from supporting the increased utilization of Astraia at the Maternity Hospital were used to work on increasing the utilization of Astraia at the hospital in Korca. The system has been recently deployed there to support the work of the OB/GYN Department. With EEHR support, the Korca hospital IT specialist was trained in the use of Astraia and is now capable of supporting its utilization. The project is preparing to test further improvement of the utilization rate

by providing three printers to the hospital. The printers will be provided on a temporary basis to help determine if their availability will contribute to a measurable increase in the utilization of the software. Once the concept is proven, EEHR will pursue the placement of such printers permanently within the maternity ward of the hospital.

Unlike the Maternity Hospital, Lezha and Korca are multi-profile hospitals which require more general HIS that accommodate the information needs of various departments. EEHR intends to deliver these solutions to the two regional hospitals in a staged approach. A justification memorandum requesting USAID's approval of the top ranked bidder Admission, Discharge and Transfer (ADT) HIS Module in Lezha was submitted in the prior quarter. In Q4 EEHR replied to questions and clarification requests from the USAID Contracting Officer related to the request for approval and related to a complaint from a participating bidder. In the meantime, EEHR made contingency plans and started preparing to issue new RFPs related to infrastructure, IT equipment, furniture, and ADT software to ensure timely implementation in case the approval is not granted.

Also during Q3, EEHR published an RFP for the procurement of IT equipment for Lezha hospital. A number of proposals were received by the submission deadline on July 12th. Further steps in this process have been postponed until it is clear whether or not USAID will approve the results from the procurement of the ADT software which drives the demand for IT equipment. Thus, the procurement of IT infrastructure and software is expected early in Year 4, upon receiving guidance from the contracting office on moving forward.

Activity 4: Strengthen Hospital Management and Governance as a Pathway to Achieving Full Hospital Autonomy

Hospital autonomy in the context of Albanian health health care system may be defined as: the degree to which decision – making regarding issues of hospital day – to – day management and hospital governance related to human resources, budgeting and finance, clinical management, procurement, contracting, is delegated by the MOH and HII to a hospital governing body (such as a board of directors) and the hospital managers.

The process of strengthening governance and hospital autonomy was initiated at the hospital level. The EEHR project facilitated the establishment of a working group within Queen Geraldine Maternity Hospital of Tirana, which, with the help of international technical expertise provided by EEHR, developed draft bylaws for hospital governance. The bylaws provide for the establishment of hospital board of directors with majority community representatives on them. EEHR project facilitated the establishment of a national expert group from MOH and HII representatives to work on the institutionalization of hospital autonomy including. The project supported the organization of a round table on hospital bylaws and autonomy where policy makers expressed their overall support for the bylaws. The project built on this momentum to work with the Minister and various MOH staff on preparing the regulatory base for hospital autonomy for approval by the Council of Ministers. EEHR also prepared for rapid implementation of the bylaws when they are approved. Despite significant efforts and support given to the Minister of Health, such approval was not granted as the outgoing government determined that the issue of regulating hospital governance should be left for the incoming one. Dialogue and advocacy efforts were reinitiated with the new government and health sector leadership and will be continued in Year 4.

Activity 5: Establish Hospital Visitor Control Systems

In Year 3, EEHR focused on creating the infrastructure needed to support the implementation of visitor policies and procedures to improve patient and visitor safety. The project procured the preparation of blueprints and technical specifications for the refurbishment of various entrance/visitor areas at Lezha and Korca hospital. These include general and emergency admission areas at both Lezha and Korca hospital entrances, admission to maternity ward at Lezha, admission to pediatrics ward at Korca.

EEHR prepared and submitted for USAID review and approval environmental compliance plan for each site. And EEHR supported Lezha and Korca hospitals to prepare for and apply for approvals of planned refurbishment with MOH and local municipalities. All approvals were granted before EEHR issued RFP request for proposals on June 18, 2013, to invite organizations to submit a proposal for the Renovation Work in Korca and Lezhe hospitals. Refurbishment works are planned to be initiatied and finished during the first quarter of year 4.

At Queen Geraldina Maternity Hospital EEHR procured and deployed a Visitor Management Software together with a specialty automated electronic-mechanical visitor control system. This software is integrated with the existing Astraia software to link visitors with patients during registration and make possible enforcing policies on visitors as per hospital policies.

Along with the refurbishment, policies and procedures, EEHR worked with the Queen Geraldine Maternity Working Groups to develop and launch a public information campaign on visitor control policies and rules. The public information campaign combining elements of internal and external information, production of communication materials, training on ethics and communication, pre and post questionnaires have been tested to ensure well-functioning of the system and communicate to hospital staff and community (patients and visitors).

The refurbished areas were inaugurated on August 21, by the Minister of Health and the USAID Mission Director.

The work on visitor control and the work on HIS are complimentary. Visitor control activities will be synchronized with the work on the HIS ADT module at Lezha and Korca expected in Year 4.

Activity 6: Implement Incident Reporting System

In Year, 3 EEHR supported hospital teams on incident reporting with the aim to ensure that at least two incidents per month on average are reported, as required by hospital policies, by each of the three hospitals, and that reports of incidents are reviewed promptly and actions to remedy the source(s) of the problem are considered and taken in a timely manner. The incident reporting policies were instituted in the first two quarters of the year. In the course of the year, the team encountered some resistance among hospital management and staff, as was expected per the experience of implementing such systems in Western hospital settings. In Korca Regional Hospital in particular, there were initially very few incidents reported. Upon investigation of the root causes of non-reporting in the pilot hospitals, it was learned that in Korca some of those who reported incidents were threatned with punishment, which is against the principals of such a system. EEHR facilitated internal dialogue and guided all three hospitals in their efforts to increase the compliance with incident reporting along with taking remedial measures aimed at addressing the root causes of incidents.

By the end of Q3 of the project year, each hospital was reporting at least two incidents per month. In the last quarter of Year 3, the pilot hospitals reported a total of 40 incidents, with as many as four per month in Lezha Regional Hospital and Queen Geraldine Maternity Hospital.

Following the successful field testing of incident reporting, EEHR facilitated the formation of a group of technical experts which developed a national incident reporting guideline, including a standard classification of incidents. The guideline was approved at a meeting of the HRISG. Following the recommendation of the HRISG, the Minister of Health issued an order and approved the proposed guideline for nationwide adoption. To support the implementation of the guideline throughout the hospital system of Albania, EEHR, in collaboration with MOH, organized a national forum on incident reporting in May. Sixty-four representatives from hospitals around the country took part in the event. The forum started with a communication event lead by the Minister of Health which reinforced and acknowledged progress in addressing specific elements of the health sector reform process with the support of the EEHR. In his speech the Minister commended the project for field testing and concept-proofing interventions before proposing the successful ones for nationwide implementation. The event introduced the participants to the MOH order on incident reporting and the new national guideline on incident reporting prepared with EEHR support.

Activity 7: Strengthen Hospital Capabilities for Outsourcing of Non-Clinical Services

In Year 3, EEHR Hospital Site Managers worked with hospital managers and the established hospital working groups on outsourcing and leading the effort to develop a project schedule with deadline dates for the completion of a pre-bid study (market capabilities, costs, and risks) and development of specifications for the services sourced. EEHR provided technical support for the outsourcing of food and laundry services at the regional hospital in Lezha and outsourcing of food service at the regional hospital in Korca.

EEHR provided technical support to the drafting of detailed criteria and procedures for continuous inspections of laundry services and monitoring and reporting on the performance of the vendor in Korca to which the hospital laundry service was outsourced in 2012. These measures were essential to address lapses in the expected quality of laundry services. The criteria and procedures were shared with the EEHR international consultant on hospital management and her feedback was incorporated in the performance monitoring criteria. The request for approval made by Korca Regional Hospital for food outsourcing was not considered by HII and MOH due to lack of funding.

The EEHR team supported internal working groups to prepare tenders for companies to bid to offer the services. By the end of Year 3, Lezha hospital had outsourced the laundry services to the winning bidder from an outsourcing solicitation approved by the Procurement Agency of the Ministry of the Interior. With EEHR support the regional hospital in Lezha has conducted a pre and post-survey of customer and staff satisfaction with quality of laundry/linen at the hospital. The results indicate a significant increase in satisfaction levels as a result of the outsourcing. The tender for the food service held on June 26, 2013 for Lezha hospital remained unapproved by the agency as of the writing of this report.

Activity 8: Improve Hospital Space Planning and Utilization

In Year 3, EEHR had a plan to deploy a top-to-bottom internal and external signage system at the hospitals of Lezha and Korca. The way hospitals use their space impacts patient and staff satisfaction, directly affects staffing and other costs, and influences clinical performance as it ties closely with infection control.. In Year 3, EEHR prepared and published an RFQ for hospital signage at Lezha and Korca. EEHR signed an agreement for the production of signage for Lezha and Korca hospitals. Project staff and hospital employees worked closely with the signage producer to prepare the images that will be replicated on the signs. The supplier is prepared to produce and deliver the signage in the first quarter of Year 4. When the signage is successfully implemented in the two hospitals, the project will prepare recommendations for improving hospital signage to HRISG for replication in other hospitals or a nationwide adoption. Given the change in government and the subsequent uncertainty of success for promoting new policy, recommendations to HRISG were not made in Year 3. Once these improvements are complete, in Q1 of Year 4, a policy recommendation will be made through HRISG on improving hospital signage at the next meeting of this group.

The refurbishment of visitor waiting area at Queen Geraldine Maternity Hospital was completed in Year 3 as outlined under Activities 3 and 5. The contracts for waiting area refurbishment for Lezhe and Korca were signed on September 30, 2013 and refurbishment will be completed in the Q1 of Year 4.

In addition to refurbishment and signage, the project is also providing paint for hospitals, because in many areas the paint is damaged. The repainting will not only create a proper setup for the placement of new signage, but will also aid in hospital improvement related to other activities. The case in point is infection control which improves with regular repainting of hospital walls and ceilings.

Activity 9: Strengthen the Supply Chain for Pharmaceuticals

In Year 3, EEHR had intended to conduct an analysis in both Lezha and Korca hospitals of the causes of mismatch between the supply and demand for drugs as they relate to sourcing, planning, forecasting, procurement, transportation, storage, distribution, information systems for pharmaceuticals through the hospital system. EEHR planned to investigate the impact of the current supply stages on the cost and responsiveness related to matching supply and demand. This analysis would have fed into conclusions and recommendations for improvements to field test in consultation with the MOH.

However the project encountered a challenge early in the year that impacted the feasibility and design of the activity. The Cabinet of Ministers issued Decree No. 135 on February 20, 2013, titled "On the Authorization of the Ministry of Health to Carry out Public Procurement Procedures on Behalf of Independent Institutions for Certain Goods and Services." This decree effectively shifted the procurement authority from the hospitals back to the MOH. The loss of authority deprives the hospitals of significant control over their supply of pharmaceuticals and medical supplies. The project took time to better understand the implications of this change in order to determine if the scope for this activity envisioned in the work plan should be amended or the entire activity reconsidered in consultation with USAID. The project team followed the implementation and evaluated the impact of this decision for some months, and then decided to move forward with the activity. In Q4, EEHR identified an international consultant for this task, submitted his rate and credentials for USAID approval, and prepared for the consultant visit in the first half of October. EEHR investigated and described hospital rules and procedures related to pharmaceutical demand planning and supply to prepare background materials which will aid the preparation of the consultant for the successful performance of this task.

Activity 10: Establish Hospital Environmental Services Department

In Year 3, EEHR developed standards for sanitizing various hospital spaces, including frequency and type of cleaning and types of materials (cleaning solutions) and equipment to be deployed to secure effective service and minimize risk of hospital infection as a result of preventable sanitary and hygiene issues. Early in the project year, EEHR delivered a three-day training for environmental services staff from the three pilot hospitals conducted in partnership with Hygeia Hospital in Tirana. Working groups on environmental services were created from among members of hospital teams who attended the training. The teams were tasked to work with EEHR staff on creating internal hospital trainings on environmental services based on the training received at Hygeia hospital; preparing hospital standards for environmental services; and drafting environmental services inspection standards. All environmental services staff at the three hospitals (more than 200 people) were trained this past year on standards for cleanliness. Internal teams from the three hospitals, with EEHR technical support, then drafted standards for environmental services.

In addition, the EEHR international consultant for hospital management conducted training in March on standards for inspection of environmental services. The knowledge gained during this training was been applied in the preparation of inspection standards for environmental services. The entire process, including standards for environmental services and their inspection was completed in the third quarter of Year 3.

The standards for inspecting environmental services were a key prerequisite to institutionalizing the function within a separate department from nursing. The EEHR team, through training, advising and mentoring, supported hospitals to develop the specific management skills and knowledge needed to determine roles and functions of the new hospital department, delineate functions and number of staff, and develop effective department management practices. The project thus prepared a scope of work (SOW), for hospital infection control committees and provided recommendations on their composition which were adopted by hospital directors. EEHR organized a workshop to inform the hospital staff on the roles and responsibilities of the committee members to be selected.

In the last quarter of the year, the MOH approved with an order of the Minister the establishment of new Environmental Services Departments within hospitals, including the SOW, organizational structure, and standards for cleanliness and inspection. EEHR supported the operationalization of

the structure by aiding hospitals in processes related to the determination of department leaders from among current staff members, training of personnel, determination of proper staff office space and dress rooms etc.

To ensure higher operational effectiveness, hospital environmental services departments should work closely with the hospital infection control committees. There is an order of Minister of Health dated in 2010, for hospitals to establish Infection control Committees and Infection Control Units in every hospital. The infection control committees had been established in most hospitals following this order but never became operational. The project having the goal to promote infection control and to create in the hospitals clean and safe environments, has been working with hospitals to make this committees functional and to collaborate with the newly established Environmental Services Departments. This work was not a part of the EEHR Year 3 Work Plan. However, the technical rationale driven by interdependence of work and results between the two units is strong and justified the initiative of the EEHR to start this work in Year 3.

The hand hygiene in the hospital has been considered as a major activity to promote infection control and patient safety in the hospital. The working groups established in the hospital, following a training organized in collaboration with Hygeia hospital in Tirana, offered orientation/information and training sessions in the hospitals related to hand hygiene. The project supported these groups with information materials.

An educational poster on infection prevention through proper hand hygiene was completed and approved by USAID and EEHR proceeded with printing 600+ posters for the three hospitals. Posters were placed in bathrooms and general areas and are well perceived by staff and patients.

Because of the MOH centralized procurement procedures, the hospitals sometimes face difficulties when supplies do not arrive on time, like soap or detergents. The three teams in the hospitals work continuously to evaluate the compliance for the hand hygiene standards.

Activity 11: Support for the Introduction of New Hospital Payment Systems and Capacity Building for Hospital Cost Accounting

Drawing on the work done by the World Bank in 2012, EEHR provided international technical assistance to HII to enable it to make the policy determination regarding a new hospital payment method. The project advised HII and supported the development of financing rules and regulations, including but not limited to the collection and reporting of data, record-keeping, and determining the further technical support needed to implement the new hospital payment system. Through a series of three consultations with an international consultant, a system for monitoring the effectiveness of a proposed new hospital financing method, suggested indicators, and data collection needs for analysis were conducted. EEHR conducted working meetings with the management of the pilot hospitals on the methodology of the proposed financing model and discussed possible ways to improve the efficiency/effectiveness of hospitals.

Building on cost accounting results achieved in Year 2, an EEHR international expert conducted a follow-on costing with pilot hospital staff. Using hospital-specific costing tables prepared by the international consultant during the first cost accounting study (in July 2012), the second cost study tracked and analyzed the dynamics and impact of various hospital costs (from 2012) on the hospital specific cost structures. Cost-accounting tables for each hospital were updated and managers supported to simulate various scenarios reflecting changes in the cost, structure, and array of services, and trace the impact of these changes on the cost of discharged cases by department. Managers, finance experts, and statisticians from each pilot hospital received additional training as well as on-the-job, hands-on support for practical skills building and guidance on applying in practice the knowledge they received for preparing cost accounting tables/reports and cost data analysis delivered to them during the workshop on cost accounting held in September 2012.

An EEHR international expert in health financing working in close collaboration with a working group/technical committee of HII staff on hospital financing completed a report providing an executable set of guides and rules which can operationalize the new hospital payment and funding

allocation if there is a political decision to apply/follow them institutionally. The technical report was approved by the committee and submitted to USAID by EEHR.

EEHR initiated technical support to the implementation of a new hospital payment to pilot hospitals via the development and delivery of a seminar on new hospital financing principles and methods. Participants included the pilot hospital leadership and staff responsible for finance and statistics, MOH technical experts, and HII representatives from the national and regional levels. The consultant developed a set of technical and policy papers to assist the HII staff in the implementation of the new financing methods at public hospitals.

Activity 12: Support Development of Policy Framework and Guidelines for a Maternal and Child Health Referral System

In Year 3, EEHR initiated support for a process to design and improve the MCH referral system, resulting in a proposed policy framework and guidelines that will support increased regionalization of perinatology services and improved continuity of care for MCH services. The project supported the creation of a joint working group from among medical staff in the three pilot hospitals to work on MCH referrals. The project developed a scope of work in conjunction with this group and a standing committee of the HRISG for a consultant to facilitate the design of an improved MCH referral system, including:

- Discussing perceived issues regarding the existing MCH referral system in Albania and findings of WHO's 2010 research (in coordination with WHO local office) were discussed;
- Share international experiences and best practices in MCH referrals for review and discussion; and
- The development of an Action plan to improve referral system.

It is expected that in Year 4, the referral system will be proposed and tested in both EEHR's regional pilot hospitals and the Queen Geraldine Maternity Hospital in Tirana with the support of the grant recipient. In Q4, USAID approved a grant to Albanian organization for the work on MCH Referral, specifically the development of an improved perinatal referral policy. A grant agreement has been signed and its execution will start in October.

3.2 STRATEGY 2: IMPROVE HEALTH REFORM POLICY AND PLANNING

Throughout the project, EEHR has been supporting the MOH in establishing a sustainable process for health planning, policy formulation, and reform implementation. In Year 3, EEHR provided on-going technical support, and thereby continued to ensure the HRISG is functioning well as a coordination and policymaking body. The project supports improvements in monitoring pilot hospital and broader health sector performance. EEHR continued mentoring activities to build the capacity of the HRISG and the MOH M&E Directorate so that they may continue to implement these functions on their own in the future, while expanding its support via training and one-on-one support to regional M&E groups. In addition, the project provided expert technical assistance to enhance the usability of the Institute of Public Health (IPH) Data Warehouse which will institutionalize data collection, analysis, and reporting functions for key health sector performance indicators.

Activity 1: Ensure Reform Coordination Mechanism and its Secretariat are Functioning

EEHR supported the HRISG Secretariat to organize two meetings of the HRISG during Year3. EEHR worked with the Secretariat to use the meetings to update policymakers on progress made in the implementation of EEHR supported activities and proposed a series of policy actions to roll out /

institutionalize field tested initiatives as described throughout this annual report. At the HRISG meetings, presentations were made on the accomplishments of the various working groups such as on hospital autonomy, hospital benefit package, and incident reporting. Information was provided on the establishment and functions of regional groups on health policy and planning piloted with EEHR support in Korca and Lezha. At the meeting in February, EEHR prepared and presented a policy brief with recommendations for national roll out of EEHR tested tools and mechanisms in the areas of HR and environmental services. At the May meeting, the HRISG focused on the review and analysis of Albanian health system performance as evidenced by the Health System Performance Report for 2011 prepared by MOH with EEHR support. Policy briefs with specific recommendations were developed for each meeting. Thus among the recommendations offered in the brief at the May meeting were those to:

- Organize a conference on human resources in health care; and
- Continue to strengthen the health policy and planning processes at the regional level by establishing M&E groups with representatives from key regional health institutions not only in Lezha and Korca but also in other regions.

After each of these events, EEHR assisted the MOH's M&E department with the preparation of minutes from the meeting.

In order to more fully engage the HRISG, EEHR organized periodic visits for members to the pilot hospitals to see the implementation of reform activities first hand and to discuss experiences and lessons learned with the hospital managers. EEHR invited HRISG members to attend periodic meetings of hospital and national level working groups. EEHR, together with the hospital managers, organized two "Open Day" events, one for hospital Lezhe Regional Hospital and one for Queen Geraldine Maternity Hospital. The objective was to inform NGOs, community organizations, local government, journalists, members of the HRISG, and leadership of other hospitals in Albania of the initiatives piloted in the hospital by teams of hospital staff supported by EEHR. A set of presentations and informative sessions were held by members of the hospital teams to illustrate achievements and discuss challenges to the implementation of Incident Reporting, Outsourcing of Non-Medical Services, Human Resources Management, Visitor Control, and Medical Administration Record.

In Q4, activities engaging the HRISG slowed due to the change in government, but activities are expected to resume in Year 4.

Activity 2: Continue to Build Capacity to Monitor Hospital and Health System Performance Indicators to Inform Policymaking

In Year 3, EEHR continued to make progress with capacity building for monitoring hospital and health system performance. Activities in Year 3 are divided into two broad sub-categories:

1. Continuous support for the strengthening of the M&E function at national and regional levels;
2. Technical assistance for enhancing the usability of the IPH Data Warehouse.

Activities and results under these sub-categories are described in detail below.

Support Strengthening of the M&E Function at National and Regional Levels

EEHR provided technical support to the MOH's M&E department for timely and quality updates of Health Sector Activity Maps, List of Milestones, Milestone Reports and the Annual Health System Report (2012). These documents are used to strengthen responsiveness and accountability in the health system. EEHR supported the production and analysis of these reports which were submitted to the technical level National M&E Reference Forum. The project continued to provide technical support to the regular meetings of the National M&E Core Group where key health system stakeholders (MOH, HII, IPH), aided by EEHR experts, discuss the interpretation of health information and data on core health system indicators and prepare recommendations for the attention of the National M&E Reference forum on a quarterly basis. Reports were submitted to HRISG and endorsed by that body.

The project continued to respond to the capacity building needs for the M&E function at the national and regional levels (MOH M&E Department, National M&E Core Group, and Regional M&E Groups) in Year 3. EEHR supported regularly scheduled round table meetings of the regional M&E working groups in Lezha (four meetings) and Korca (two meetings).

EEHR provided training and mentoring to deliver the knowledge, tools, and techniques supportive of quality collection and analysis of system data and information and its presentation for policy priority setting, development, and decision- making. EEHR conducted a three-day training for the MOH M&E department, and other national health institutions at the national levels, including a training of trainers. The training covered the following topics:

- Basic data analysis, presentation, and use of data and information for decision-making;
- Techniques for performance improvement, basic performance improvement concepts and tools, measuring institutional performance; and
- Managing and measuring change within an organization.

This training was led by the EEHR M&E Specialist with support from Abt Associates' in-house M&E training/capacity building experts. The trained trainers then rolled out the training to the M&E regional groups from Korca and Lezhe as well as representatives from Durres, Elbasan, Vlora, and Shkodra. The EEHR training seminar was accredited for continuing education credits with NCCME.

EEHR collaborated with the MOH on the establishment and institutionalization of regional reference groups (that is, creating formalized terms of references and duties for the groups) on M&E in the target regions of Korca and Lezha. The project assisted the development of the groups' terms of reference, which includes recommending action to local and national decision-makers in response to health system improvement needs identified through the work of the regional monitoring system process set up with EEHR support in Year 2.

The regional technical groups began meeting in the first half of Year 3, and by the second half of the year they had the capacity to prepare regional milestone reports and regional health system performance reports with the support of the project. Two workshops were held, one in each region, to approve their regional milestone reports. The policy and planning group in both regions will meet Q1 of this year to take action based on the list of recommendations, derived by the technical reports prepared by each region (Milestone Report and Annual Performance Report 2012)

Provide Technical Assistance for Enhancing the Usability of the IPH Data Warehouse

EEHR continued to provide HIS/IT expert assistance to IPH which was initiated in Year 2 with the objective to make the health sector Data Warehouse routinely used by a broad base of technical and non-technical users and decision-makers in support of evidence-based policymaking and sector planning. The M&E system supporting the health policy and planning function within the MOH would greatly benefit from an information technology solution that would support integration, analysis and reporting of data and be user-friendly to policymakers, thus enabling them to quickly understand key issues and prioritize problem areas for discussion, decision-making, and resolution.

However, the existing DW is non-functional and in need of rehabilitation to make the warehouse useful for the health sector. EEHR took on the challenge of working with IPH and other interested parties to identify and deploy the expertise, tools and approaches needed to fix existing problems which are extensive. Despite the challenge, a functioning DW would produce enormous benefit to health planning and sector monitoring, and thus it is an activity that the project is continuing to pursue. EEHR is branding activities related to improving the system as the "Albania Health Dashboard" (AHD).

To this end, in Year 3 the project prepared a Letter of Implementation (a type of memorandum of understanding) which was reviewed and approved by USAID and signed by IPH and the MOH. The project proposed and assisted the creation of a steering group and a technical working group to tackle the issues of the AHD.

A steering group was created by Minister Order to lead the effort on the AHD initiative. With EEHR assistance, this group will provide the formal umbrella and structure for the year-long work on improving the utilization of health system data for policy and decision making. The steering group consists of members from the MOH, IPH, HII, and EEHR. This steering group created a Technical Working group to deal with day to day tasks related to AHD. EEHR facilitated meetings of the group at which priorities were set, problems with the existing system discussed and agreed upon, and the approach for improvement mapped out.

3.3 STRATEGY 3: ENHANCE NON-STATE ACTORS' PARTICIPATION AND OVERSIGHT OF HEALTH SYSTEMS PERFORMANCE

In Year 3, EEHR designed and implemented a series of targeted interventions to work through non-state actors in Albania to help achieve the project's two main national-level objectives of: 1) improving health reform policy and planning; and 2) improving local capacity to implement health reforms. In the area of health reform policy and planning, opportunities exist to strengthen the 'governance' building block of the health system by engaging health care workers, consumers, and beneficiaries in advocacy and decision-making activities. Strengthening local capacity to implement health reforms will require improved communication and coordination among all stakeholders, as well as more widespread and systematic use of performance data to drive reforms. Activities in Year 3 focused on:

- Developing citizen participation, health system accountability, and transparency mechanisms, strengthening citizens' ability to advocate for and monitor progress toward reforms;
- Building capabilities within the hospital as an organization and skills with hospital staff supportive of:
    - strong internal and external communication function as a prerequisite for successful involvement of/interaction with non-state actors, journalists, and the general public; and
    - customer care as the starting point of a trusting relationship – the foundation of positive customer/public experience with the hospital;
- Establishing the base for using a range of interpersonal, community, mass media, mobile phone, and internet-based social media tools and techniques to create an informed, engaged, and empowered civil society that will accelerate broader health reform efforts.

Activity 1: Engage Non-State Groups to Provide Inputs and Participate in Dialogue and Communication Regarding Health Reforms and Hospital Improvements

EEHR issued an RFA and awarded a small grant to a local research organization to conduct focus group discussions and key stakeholder interviews to gain qualitative insights about consumer attitudes, perceptions, and preferences related to the health system and health reforms. A total of 15 focus group discussions were held in Tirana, Korca, and Lezhe. Using these research findings and other relevant inputs, EEHR developed a detailed communication strategy and implementation plan that is aligned with reinforcing the US Embassy's ACT NOW initiative and which describes the strategic use of relevant communication channels, such as social media, mass media, mobile phones, and community mobilization.

Indicators are developed to monitor the impact of the implementation. Key messages were developed to address issues found in the research and in support of the health reform implementation work of the project and partners. .

Together with Queen Geraldine Maternity Hospital in Tirana, EEHR organized a roundtable on Insights from Patient Satisfaction Monitoring on February 15th. The event focused on the importance of patient centeredness as a key prerequisite to making hospitals responsive to the needs of communities. It also served as a reminder to the people of Albania to Act Now on their rights as

customers of the public health system. Data from continuous patient satisfaction monitoring at Queen Geraldine was analyzed and presented to serve as a basis for discussions. The roundtable was the first event of its kind in the public hospital system. It was honored by the US Ambassador, who delivered remarks, the Minister of Health, and other dignitaries.

Building on the results of this roundtable, EEHR drafted a concept for activities at Queen Geraldine Maternity Hospital. EEHR helped "Queen Geraldine Hospital" to streamline the questionnaire on patient satisfaction to shape an effective mechanism in place to raise issues and have them addressed. The objective of increasing the response rate was supported by promoting it in the QG official webpage and making the questionnaire accessible through the Internet and mobile phone and having reports on a frequent basis.

On July 25th EEHR organized a roundtable on the topic of enabling community participation in the strengthening of hospital performance and governance. The goal was to engage the MOH and hospitals in a dialogue galvanizing institutional support for the establishment of community advisory council. Participants in the forum were representatives from MOH, IPH, HII, and EEHR pilot hospitals as well as the Orders of Nurses, Doctors, Pharmacists, Civil Society and Local NGOs. The participants were unanimous that it is imperative for communities to be invited to have a say in the lives of public hospitals and provide feedback to hospitals that would help them improve their response to expectations and needs of communities. Specific options to enable community participation were discussed and recommendations for the MOH/HRISG and hospitals were made.

Following the above meeting, EEHR initiated work to enable community input to hospital governance by establishing a community advisory council (CAC), in consultation with government and non-state actors, in Lezhe Regional Hospital. The CAC is expected to enable citizen participation in hospital improvement, make hospital operations more transparent to communities, encourage civil society's feedback on hospital performance, and provide a channel for suggestions/recommendations from the public directly to the hospital leadership. CAC will provide a platform for raising and discussing issues and exchanging opinions that inform and guide hospital outcomes. The work of CAC would set the stage for healthy collaboration between civil society and the hospital. It will also contribute to improved attitudes and perceptions about the hospital among its main constituents.

Another attempt toward enabling community input is the work started with Planning and Local Governance USAID's Project to coordinate efforts in Korca region in building bridges of communication between Community Advisory Panels that provide technical assistance and training to the GoA and to Albanian local government institutions to successfully implement decentralization legislation, policies and reforms, and ensure wide participation and input from the citizens and Policy and Planning Group.

The development of a consumer action guide, emphasizing what citizens should expect of their health care system, health care consumer rights, how to monitor quality and provide feedback to the system, and how to engage with other civil society actors has been initiated and planned to be finalized in the Q1 of 2014.

Activity 2: Implement Small Grants Program

The EEHR Small Grants Program is being used primarily to support the activities outlined in the communication strategy and action plan. In Year 3, in the communication strategy and through its work with non-state groups, EEHR identified opportunities to support non-state groups to build their capacity to engage in the health reform progress and to increase citizen's engagement and awareness of health reform. The grants program may also be used to support capacity building and implementation activities under project Strategies 1 and 2.

The project incorporated these opportunities into an Annual Program Statement (APS) which was issued early in Year 3. The project received advertised and got 9 responses to the APS and some proposals were not approved, some are in process of evaluation, and two have been approved and one contracted as below:

- One grant in the amount of 3,361,900 ALL supports the "Together or Life" NGO that will Effectively engage the "Shëndet +" journalists to routinely report on health reform issues, to assist in holding the government accountable for health reforms, and showcase success stories
- The project issued an RFA and selected and awarded a grant for IDRA to implement the above formative research which was completed during the second quarter of the year.
- A second RFA was issued and a grant for 1,060,150 ALL was awarded to "Për Progress dhe Civilizim" organization to implement the development of an improved perinatal referral policy (the MCH referral activity described in Strategy 1).

RFAs for up to 2 additional grants are being drafted for submission to USAID for review in October.

Activity 3: Build Capacity of Media to Play an Effective Role in Health Reform

In Year 3, EEHR collaborated with health sector managers on how to work effectively with the media in order to improve the data and quality of information being delivered to civil society through that vehicle. The project in collaboration with the "Health Journalist Club" organized a training activity for journalists to inform them on the roles and responsibilities of the key health actors in Albania. This served as an introductory topic, and a series of other activities will be pursuied in Year 4.

Using the Small Grants Program, EEHR is preparing (once the grant is disbursed, likely early in Year 4) to foster the existing "Health Journalists Club" to function as a dynamic health media network where health system issues are professionaly analyzed and reported in media to highlight human and health matters of key importance to individuals, communities, governments and businesses.

Activity 4: Increase Capacity for Internal and External Hospital Communication (Public Relations)

In Year 3, EEHR worked with hospital directors to identify hospital staff possessing the kinds of skills and experience that will make them likely to succeed in building and supporting the hospital communications function with the technical support of the project.

EEHR provided training to staff in pilot hospitals and also developed tools, policies, and procedures for internal and external communication. EEHR built capabilities for both internal and external communication to help ensure that everyone in the hospital is on the same page when they communicate with people both outside and inside the hospital.

Lastly, the project supported the hospitals to analyze organizational background and the external and public environments. With this analysis, EEHR with hospital staff developed communication plans for educating and informing communities that set the public policy agenda and frame public perceptions on the work of the hospital. This required determining the communications objectives and target audiences, draft key messages, and learning to follow the proper strategies and tactics and apply the right tools, techniques and channels (including social media) to reach the target audience with particular sensitivity to timing and timelines.

In order to ensure sustainability of the communications function, EEHR supported the development of manuals, trainings, and related supportive supervision procedures, as well as advocacy with the HRISG and MOH to allow hospitals to open positions for communications officers.

Activity 5. Improve Customer Care and Introduce Patient Satisfaction Monitoring

Lack of customer care standards and practices at public hospitals has a serious negative impact on the perception and attitudes of citizens toward state funded hospital care. In collaboration with the Sheraton Hotel in Tirana, EEHR engaged in building the capacity for customer care at pilot hospitals. The Sheraton hotel adapted their training materials to the specific needs of the public hospitals and delivered traings on the subject to a total of 49 staff from the 3 EEHR pilot hospitals. The trainings were an effective transfer of hospitality and customer care know-how through a blend of theoretical

and practical hands-on training and theoretical knowledge building. The knowledge acquired through these trainings was essential for the development of hospital specific standards for customer care at the 3 pilot hospitals which was undertaken by staff members trained by the Sheraton.

Developed hospital specific customer casre standards were widely discussed within the hospitals. Feedback from these discussions is being incorporated in what will be a final set of standards to be implemented with EEHR support from Year 4.

Patient satisfaction monitoring was improved at Queen Geraldine with the introduction of a revised patient satisfaction survey instrument which is available in paper format and accessible by computer and mobile phone.

4. MANAGEMENT OVERVIEW

In Year 3, the project was fully staffed in the field and supported by the Abt Associates home office. The structure of senior Hospital Site Managers overseeing each pilot hospital, with coordinators guiding the day-to-day support worked smoothly, while Tirana based staff also focused on national and project wide initiatives (such as M&E and the communications strategy among other initiatives.)

In the fourth quarter of the year, it was found that there is a need to move the project office. The EEHR Office in Tirana is located in close proximity to four cell phone base station/towers placed on the top of neighboring buildings less than 20 meters away from the office. EEHR had an expert measurement of radiation levels in the office. While within standards for Albania, these levels are many multiples higher than levels closer to the ground. Given the potential health hazard of the current location, EEHR has identified a new office within the central part of Tirana, a short five minute walk from the current office. The rent for the new space is equivalent to that of the current location while the useful office area is larger. EEHR is in a process of signing a lease for the new office and will move at the end of October. The project is considering measures to ensure the move has minimal impact on operations.

In Year 3, to further complement technical assistance efforts designed to improve service delivery in target hospitals under Strategy 1 as described in the section Year 3 Activities and Progress According to Project Strategies described above, the EEHR contract was modified to include the provision of material assistance. In discussions with USAID, the project agreed that provision of material assistance, as well as other new subaward activities, including those under the Small Grants Prgroam, would commence once the Year 3 work plan was approved. Thus new procurements were initiated after the USAID approval was received near the end of Q1 of the year. The project issued two procurements to support the HIS improvements in the two regional hospitals – one for software and IT infrastructure and a second for IT equipment to support the software. One of the unsuccessful bidders on the first procurement has protested the process, and the two procurements are on hold pending the decision of the USAID Contracting Officer on whether to reissue the procurement or accept the results of the procurement. A solution to this impasse is expected early in Year 4 so that these activities can be moved forward in a timely manner.

In the short term, after the above issue arose, Abt home office reviewed carefully the implementation of new procurements, including contract signings and the initiation of newly procured activities for several months. This was to allow the Abt home office to provide additional scrutiny to all project procurements and for Abt management to obtain EEHR Contracting Officer concurrence for moving forward with other procurements not related to the contested procurement.

The project has finalized the activities under the Refurbishment of the Admission Center at the "Queen Geraldina" Maternity (DCN: 2013 - ALB - 002). The renovation of the reception area of the front entrance of the hospital included patient registration functions and patient waiting. The

renovations included a new reception desk, visitor management system, suspended ceiling, lightening system, cabling, and painting of the reception area and also the installing of The Visitor Management System (VMS) as a solution to assist the Queen Geraldine Maternity Hospital to welcome and manage visitors in a professional manner.

To ensure that project implementation is in compliance with the best management practices and mitigation measures required in the Initial Environmental Examination, the following steps have been taken by the project:

- Regular site inspection during construction.
- Photographic and written documentation of implementation of mitigation measures during the implementation of the project.
- Monitoring of mitigation done will be documented in a monitoring report and sent to USAID/Albania and the USAID E&E Bureau.

5. PROJECT CHALLENGES, OBSTACLES, AND DIFFICULTIES

Many of the activity-specific project challenges, obstacles, and difficulties have been discussed in other sections of this report. Some concerns deserve special attention as they impact the project strategy and its ability to move forward on some of the more high-level support for reform implementation.

The first challenge to the project is that the health sector leadership in Albania is characterized by rapid and frequent turn-over based on the political reality of the moment. In Year 3, the election held in April 2013 brought in a new government, thus a new Minister of Health was appointed. In September, another new Minister of Health was appointed. Hospital directors are political appointees, and the officials of the Ministry of Health and related health institutions change frequently. The focus group research conducted by EEHR in Year 3 strongly indicates a high level of public cynicism and mistrust in the health sector generally, and in the managers, facilities, and providers specifically. Studies conducted in recent years indicate high out-of-pocket payments for health care, even in the public sector, which may serve to hinder access. Thus, EEHR takes a three-pronged strategy to work within this reality: 1) establishing new working relationships with new appointees while simultaneously relying on participatory group decision-making through structures like the HRISG; 2) promoting and developing the capacity for the collection, analysis, and use of accurate data to plan, measure, and monitor the performance of the health sector and identify areas for improvement as a neutral broker; and 3) targeting engagement and interventions at mid-level management and technical specialists who are replaced less frequently, with engagement structured to create not just knowledge, but institutionalized processes and tools to effect lasting change.

A second challenge the project has faced in Year 2 and 3 is that many reform interventions being implemented require significant organizational change management and behavior change at hospitals – both of which take time (often years) to institutionalize. EEHR is working with hospital management teams to raise their awareness around change management models and to be conscious of organizational culture shifts that may be needed as activities are planned and implemented.

Lastly, at the hospital level, there are some areas where challenges in the lay out, stock levels, supplies, etc. impact the ability to make the changes needed in behavior. One example is the activity

supporting infection control. An educational poster on infection prevention through proper hand hygiene was placed in bathrooms and general areas and is well perceived by staff and patients of the three hospitals. Unfortunately, the hospitals experienced a significant delay with the procurement of soap and detergent this year. The centralized procurement process for 2013 has not been completed yet and hospitals have largely run out of supplies procured in 2012. Thus there are signs directing staff, visitors, and patients to wash their hands in places where there is no soap. The situation is serious as it creates a patient safety hazard and renders the campaign posters ineffective. It argues for further discussion of facility autonomy and decentralized procurement of basic supplies and small value medical equipment.

6. DELIVERABLES SUBMITTED

During Year 3, the EEHR project submitted the following project deliverables, including 6 program reports, 5 technical reports, and 12 trip reports:

1. Gagnon, David E., October 8, 2012. Technical Support for Hospital Governance/Standards of Care: Trip Report. Bethesda, MD. Enabling Equitable Health Reforms Project in Albania, Abt Associates Inc.
2. Katsaga, Alexandr, October 2012. Cost-Accounting Study Dissemination for Pilot Hospitals, Trip Report: September 9-15, 2012. Bethesda, MD. Enabling Equitable Health Reforms Project in Albania, Abt Associates Inc.
3. O'Sullivan, Gael. October 2012. Trip Report: Engaging Civil Society in Health Reforms, September 15-22, 2012, Bethesda, MD. Enabling Equitable Health Reforms Project in Albania, Abt Associates Inc.
4. Enabling Equitable Health Reforms Project in Albania. October 13, 2012, Second Year Annual, Report, Bethesda, MD. Abt Associates Inc.
5. Enabling Equitable Health Reforms Project in Albania. October 9, 2012, Third Year Work Plan, Bethesda, MD. Abt Associates Inc.
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7. PERFORMANCE-BASED MONITORING PLAN

STRATEGY 1

1.1 Number of mechanisms, tools, and resources developed and tested: during the reporting year 8 mechanisms, tools and resources have been developed, bringing the cumulative number of the project to 12.

The mechanism and tools developed in year 3 are: Monitoring and Evaluation: the Use of Health Sector Indicators Training Course (delivered via training of trainers), the Hospital Autonomy

Working Group, Basic Package of Hospital Services and Payments Working Group[2], Policy and Planning Working Group in Lezha, Policy and Planning Working Group in Korça, National Guidelines for Incident Reporting, Community Advisory Council in Lezha, Albanian Healthcare Dashboard Steering Group.

1.2 Improved operations and resource management: During the reporting period, 10% increase has been made in the Maternity Hospital, 6% increase in Korca Hospital, and 8% increase in Lezha Hospital. These increases are based on the hospital composite indicator baseline developed in Year 2 of the project.

1.3 Number of people engaged to implement interventions at hospital level: During the reporting period, 53 additional people engaged to implement interventions at the hospital level. It brings the total cumulative number to 134 persons engaged by the project in three hospitals and at national level in support of hospital reforms. Disaggregated by region this number is as follows: 40 people in Korca, 46 in Lezha, and 19 at the national level. Disaggregated by gender, 44 are male and 83 are female.

1.4 Number of people trained through on-the-job training: During the reporting period 235 more hospital staff members were trained by the project, bringing the cumulative number to 363 people trained in different topics related to hospital management. Disaggregated by regions the numbers are as follows: 60 people in Korca, 43 in Lezha, 246 in Tirana, 2 trained from Durres, and 12 from central level institutions. Disaggregated by gender they are 69 male and 294 female. Disaggregated by profession, 95 are doctors, 211 are nurses and 57 are administrative staff.

1.5 Steps outlined for hospital autonomy and accountability: A policy paper with recommendations was developed and disseminated in the second quarter.

	INDICATOR	Actual FY2011	Actual FY2012	Target FY2013	Actual FY2013	Project Cumulative
1.1	Number of mechanisms, tools, and resources developed and tested	0	4	5	8	12
1.2	Improved operations and resource management	NA	65% Maternity Hospital 62% Korca Hospital 67% Lezha Hospital	67% Maternity Hospital 62% Korca Hospital 68% Lezha Hospital	75% Maternity Hospital 68% Korca Hospital 75% Lezha Hospital	The actual values of FY2013 are cumulative
1.3	Number of people engaged to implement interventions at the hospital level	0	81	5	53	134
1.4	Number of people trained through on-the-job training	0	128	50	235	363
1.6	Steps outlined for hospital autonomy and accountability	NA	N	Y	Y	

STRATEGY 11

2.1 HRISG. The HRISG was established in Year 2.

2.2. Number of HRISG meetings held. During the reporting period 2 meetings of the HRISG have been held, bringing the cumulative number to 4.

[2] Note that the terms of reference for the hospital package of services working group was expanded to include hospital payment in Q4 of Year 3, thus the reporting of this working group has been adjusted since the EEHR Third Quarterly Report to reflect this new reality.

2.3 Number of HRISG decisions enacted. During these two HRISG meetings 5 decisions were enacted, bringing the cumulative number to 7.

2.4 Roles and responsibilities of regional health institutions/actors clarified. Scope of works for the regional policy and planning groups were developed and approved at the beginning of the year, and members trained in Monitoring and Evaluation. To clarify the responsibility of regional hospitals, EEHR developed a scope of work for Infection Control Units, a SOW for Infection Control Committees. The cumulative number for this indicator is 4.

2.5 Number of people trained in M&E. During the year 52 more regional and central professionals have been trained in National Monitoring end evaluation capacities, bringing the project cumulative number to 66. The reason for exceeding the target has been a request from the Ministry of Health to roll out Monitoring and evaluation and policy and planning pilot activities to 4 additional more regions. Disaggregated by region: Lezha 10 participants, Korca 9 participants, Vlora 11 participants, Elbasan 5 participants, Shkoder 7 participants, Durres 7 participants, and from central national institutions 17 participants. Disaggregated by gender, 16 are male and 50 are female.

2.6 Number of institutions with improved management information system. Progress has been made in improving the Public Health Institute Data Warehouse by establishing the new Albanian Healthcare Dashboard Steering Group. This year, EEHR has supported the improvement of information systems in two institutions: the Queen Geraldine Maternity hospital for full implementation and usage of the ASTRAIA software and for improved usage of this software in Korca regional hospital.

2.7 Number of policy briefs developed on key reform issues: two policy briefs have been developed during the year, one for each HRISG meeting held.

2.8 Number of special studies conducted: the Hospital autonomy report was finalized at the very beginning of year 3, and also a new study "A Formative Research with Consumers to Increase Non-state Actors' Engagement in Health System Governance" was finalized during the third quarter.

2.9 Number of decisions, policies, plans and guidelines drafted or improved with EEHR assistance: tremendous progress has been made for this indicator, as many hospital internal policies have been developed with project assistance: Visitor Control policy in three hospitals, New Employee Orientations Guidelines, Hospital Board By-laws, and the establishment of Hospital Environmental Standards.

	INDICATOR	Actual FY2011	Actual FY2012	Target FY2013	Actual FY2013	Project Cumulative
2.1	Health Reform Implementation Support Group	Y	Y	Y	Y	
2.2	Number of HRISG meetings held	0	2	2	2	4
2.3	Number of HRISG decisions enacted	0	2	4	5	7
2.4	Roles and responsibilities of regional health institutions/actors clarified	0	1	3	3	4
2.5	Number of people trained in M&E	0	14	6	52	66
2.6	Number of institutions with improved management information system	0	4	1	1	5
2.7	Number of policy briefs developed on key reform issues	0	1	2	2	3

	INDICATOR	Actual FY2011	Actual FY2012	Target FY2013	Actual FY2013	Project Cumulative
2.8	Number of special studies conducted	1	1	1	2	4
2.9	Number of decisions, policies, plans and guidelines drafted or improved with EEHR assistance	0	3	3	4	7

STRATEGY III

3.1 Number of media specialist/journalists trained with EEHR support. 30 media specialist have been trained by the project.

3.2 Number of Civil Society Organizations (CSOs) receiving USG Assistance engaged in advocacy interventions. Two CSOs have been engaged in Year 3 by the project. "Health Journalists" Club has been engaged this year and has been a partner of the project in organizing a training of journalist, have offered technical assistance in PR trainings for hospitals, and have published project success stories in the "Shendet Plus" journal. The second CSO, Together for Life, was engaged under the Small Grants Program. The agreement was signed in September 2013 and work has initiated with planning.

3.3 Effective mechanism in place for non-state actors to raise issues and have them be addressed. During the reporting time, the project revised the patient satisfaction questionnaire at the Queen Geraldine Maternity Hospital, and it will be used in the Patient Advocacy Office.

3.4 Number of advocacy and engagement activities conducted to achieve consensus on health reform implementation. During the reporting year, three activities have been conducted to help achieve consensus on reform implementation. During the Autonomy Round Table held in January 2013, the project pushed the decision makers to include community participation at the Hospital BOD. Another round table took place in July 2013 with the purpose for key health institutions to agree on the benefit for creating CAC at regional hospitals. The first meeting of the first CAC established in Lezha took place in September 2013.

3.5 Number of new activities conducted by non-state actors supported by the project to advocate for and /or monitor reform. There is nothing to report under this activity, due to delays in implementing Strategy 3 as described above.

	INDICATOR	Actual FY2011	Actual FY2012	Target FY2013	Actual FY2013	Project Cumulative
3.1	Number of Media Specialist/journalists trained with EEHR support	0	0	15	30	30
3.2	Number of Civil Society organizations (CSOs) receiving USG Assistance engaged in Advocacy interventions	0	0	2	2	2
3.3	Effective mechanism in place for non-state actors to raise issues and have them be addressed	N	N	Y	Y	Y
3.4	Number of advocacy and engagement activities conducted to achieve consensus on health reform implementation	1	0	3	3	4

	INDICATOR	Actual FY2011	Actual FY2012	Target FY2013	Actual FY2013	Project Cumulative
3.5	Number of new activities conducted by non-state actors supported by the project to advocate for and /or monitor reform	0	0	3	0	0

8. PROJECT SPENDING TO DATE

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ANNEX A: STATUS OF EEHR YEAR 3 WORK PLAN ACTIVITIES

The table below reports on EEHR progress in completing planned Year 3 activities per the Gantt chart included in the project's approved Year 3 Work Plan. In the Status column, activities are marked as complete, in process, or postponed or delayed with a detailed explanation.

Activity	STATUS	Outputs/Verification	Q1	Q2	Q3	Q4
SUBMIT QUARTERLY PERFORMANCE REPORTS (DUE 10 DAYS AFTER THE END OF THE QUARTER)						
• Second Year annual plan	Complete		X			
• Q1 Report	Complete			X		
• Q2 Report	Complete				X	
• Q3 Report	Complete					X
STRATEGY 1: IMPROVE CAPACITIES TO IMPLEMENT A SET OF HEALTH REFORM INTERVENTIONS IN SELECTED SITES						
Activity 1: Improve organization and management of package of hospital services						
• Support the activities of the working group to define package of hospital services that may include the following:	Complete	Package of hospital services defined for EEHR pilot regional hospitals and potential cost of the package calculated				
○ Solicit inputs from medical professionals at the hospital level on recommendations for the package of services to be offered through professional associations as well as via one-on-one discussions with professionals in the pilot hospitals.			X			
○ Identify targeted populations and discuss feasible, priority health services to be delivered at the hospital level for each population constituency.			X			

Activity	STATUS	Outputs/Verification	Q1	Q2	Q3	Q4
○ Determine the services currently being provided in regional hospitals and their fit to the needs of the targeted population constituencies.				X		
○ Explicitly define package of hospital services based on social, medical, and economic criteria and the actual situation in hospitals in terms of human resources (staffing levels and skill requirements), supplies, equipment, and HIS.				X		
• After a package of services has been proposed by the working group and/or HII, EEHR will provide support to define budgeting parameters around the defined package of services. EEHR will conduct a costing exercise of a proposed package of hospital services to be delivered at regional hospitals. (Q4).						X
Activity 2: Strengthen human resources (HR) management to improve performance and increase staff accountability						
• Support the field testing/implementation of the three HR tools and methods. Conduct bi-annual check-ins with personnel managers on employee reviews and staff planning, institutionalize this process within the hospital, and document results	Complete	Staff job descriptions, new employee orientation, and performance planning and monitoring implemented and institutionalized, additional HR modules introduced for implementation at pilot hospitals. Protocols and systems developed and implemented for picture identification for hospital staff. Field tested HR policies, methods, and systems proposed for nation-wide adoption. Forum on human resource management and development in Albanian hospitals conducted.		X	X	X
• Upon successful completion of field testing of these initial tools, support hospital managers and HR working groups to determine which of the 19 remaining HR tools and methods are most appropriate to begin implementing at the pilot hospitals in 2013, and initiate implementation.						X
• Institute protocols and systems for picture identification for all hospital staff.					X	
• Present HR reform implementation lessons learned at HRISG meeting.				X		
• Discuss with HRISG the adoption of policies for nationwide rollout of field tested HR tools and methods.				X	X	X
• Organize a forum (conference/workshop) on Human Resource Management and Development at Albanian hospitals in collaboration with the WHO and/or the Swiss Agency for Development and Cooperation as appropriate.				X	X	X
Activity 3: Support Improvements in Health Information Systems (HIS) to Modernize Internal Hospital Operations and Generate Information for Management Decision-Making						
• Improve IT infrastructure including: installation of cables and networking	In process	Utilization of Astraia		X		X

Activity	STATUS	Outputs/Verification	Q1	Q2	Q3	Q4
equipment such as servers, switches, etc., server room refurbishment (to be implemented together with the refurbishment of entrance areas) in Lezha and Korca hospitals.		increased at the Maternity Hospital to the extent that its leadership relies heavily on reports generated from the software system for decision-making. Utilization of Astraia increased at Korca regional hospital by at least 30%. ADT HIS module implemented, along with its requirements of IT equipment units, technical support, and training for staff, at Lezha hospital.				
• Prepare request for proposals regarding procurement of IT equipment and procure, configure, and deploy IT equipment including: servers, computers, monitors, printers, UPSs, TV sets, cameras, other IT accessories, etc. in Lezha (Q2) and Korca hospitals.				X		X
• Procure, configure, and deploy ADT software modules (integrated with visitor control functionality) at Lezha hospital.				X	X	
• Purchase furniture for patient admission and visitor reception areas – additional desks and chairs – associated with the needs of the HIS system (Korca and Lezha hospitals and to a more limited extent Queen Geraldine Hospital).				X	X	
• Train hospital staff on the use of the software in Lezha hospital.					X	X
• Support hospital staff with the use of software for a sufficient length of time to ensure sustainable and institutionalized knowledge, skills, and practices.					X	X
• Plan for the deployment of tested HIS to Korca hospital.						X
• Continue to monitor improvement in the utilization of Astraia at Queen Geraldine Maternity Hospital and prepare to implement measures if the positive upward utilization rates deteriorate.			X	X	X	X
• Work with the leadership of the Korca hospital to take measures (trainings, DICOMM software connectors, study tours/technical exchanges, etc.) to increase the utilization of Astraia, using the lessons learned from the experience in Tirana.					X	X
Activity 4: Strengthen Hospital Management and Governance as a Pathway to Achieving Full Hospital Autonomy						
• Support MOH to establish working group on hospital autonomy with an Order of the Minister of Health and objective of increasing the managerial and financial independence of public hospitals (develop SOW; agree on members/participants, etc.)	Complete	Working group on hospital autonomy established, CoM decision on BOD drafted; BOD established at the Maternity Hospital; First meeting of new BOD held.	X			
• Discuss and help prepare draft CoM decision on hospital autonomy to address the shortcomings identified by the EEHR hospital autonomy study and allow for				X		

Activity	STATUS	Outputs/Verification	Q1	Q2	Q3	Q4
reform implementation at the two EEHR pilot hospitals and potentially all public hospitals.						
• Propose the amendment of articles related to BOD in the Law on Education (which regulates certain aspects of the work of Queen Geraldine Maternity Hospital), if needed.					X	
• Establish BOD at Queen Geraldine Maternity Hospital.				X		
• Provide technical support to the conduct of the initial BOD meeting(s) at the Maternity Hospital.				X	X	
Activity 5: Establish Hospital Visitor Control Systems						
• Obtain approvals for infrastructure refinements from the respective authorities.	Complete for Queen Geraldine Maternity Hospital, in process for other hospitals	Visitor control policies and procedures approved and enforced in all pilot hospitals to improve infection prevention and control, increase patient satisfaction and privacy, and strengthen hospital security. Seven hospital visitor/entrance areas refurbished. Automated visitor control system implemented at Queen Geraldine Maternity Hospital.	X	X		
• Complete the civil works/ infrastructure refinements.			X			
• Complete civil/refurbishment projects/works for visitor areas.			X			
• Complete the refurbishment works.				X		
• Contract out the refurbishment work to qualified bidders.				X		
• Monitor/supervise the quality and timing of refurbishment work.				X	X	
• Prepare for public information campaign on visitor control policies and rules.			X			
• Launch public information campaign.				X	X	
• Inaugurate the refurbishment and open refurbished areas to the public.					X	
• Install the automated visitor control system at Maternity Hospital.			X			
• Determine winning bidder and contract them to deploy system.				X		
• Discuss/recommend policy action on hospital visitor control to the HRISG.						X
Activity 6: Implement Incident Reporting System						
• Provide technical assistance to a group from the MOH to develop a guideline for national implementation of incident reporting, including a standard classification of incidents.	Complete	Incident reporting instituted at pilot hospitals and in one service of Tirana University	X			

Activity	STATUS	Outputs/Verification	Q1	Q2	Q3	Q4
• Provide assistance to hospitals in addressing causes of incidents by consulting international experience and lessons learned.		Hospital Center, study of root causes of not reporting incidents conducted, and national policy on incident reporting prepared.	X	X		
Activity 7: Strengthen Hospital Capabilities for Outsourcing of Non-Clinical Services						
• Food and laundry services in Lezha outsourced;	In process	Improved (more cost-effective, efficient) outsourcing process for non-clinical outcomes at hospitals documented bidding and outsourcing contracts for laundry and food services at Lezha, food service at Korca.		X	X	X
• Food service in Korca outsourced;						X
• Recommend policy action through the HRISG in the area of outsourcing non-clinical services.						X
Activity 8: Improve Hospital Space Planning and Utilization						
• Develop RFP for the procurement and installation of interior and exterior signage for the two regional hospitals in Korca and Lezha.	In process	External and internal signage installed at Korca and Lezha regional hospitals.	X			
• Publish the RFP, select and contract the winning bidder.			X			
• Supervise signage placement and installation. Signage will be placed by end of Q2.			X	X		
• Provide recommendations on improving hospital signage to HRISG for replication or nation-wide adoption.					X	
Activity 9: Strengthen the Supply Chain for Pharmaceuticals						
• Refurbish the medical supply warehouse in Lezha.	In process	Centralized warehouse of pharmaceuticals in Lezha created. Causes of discrepancies between supply and demand for pharmaceuticals identified in Lezha and Korca hospitals and recommendations made for improvement		X	X	
• Conduct analysis of the causes of discrepancy between supply and demand for pharmaceuticals at the three hospitals.					X	X
• Initiate preparations for deploying a HIS module on pharmaceuticals at Lezha and Korca in Y4.						X

Activity	STATUS	Outputs/Verification	Q1	Q2	Q3	Q4
Activity 10: Establish Hospital Environmental Services Department						
• Develop hospital specific standards for sanitizing hospital premises.	Complete	Hospital specific standards for sanitizing hospital premises developed along with standards for inspection of the environmental process, the functions of a new department determined, and the existence of the department approved by MOH, staff training developed and delivered.		X		
• Develop hospital specific standards for inspection of the environmental process.				X		
• Define the functions of a Department of Environmental Services and its place within the hospital organizational structure and staffing.				X	X	
• Obtain relevant approval from the MOH for the establishment of a new department.					X	
• Develop and deliver training(s) for the staff of the new department.						X
Activity 11: Support for the Introduction of New Hospital Payment Systems and Capacity Building for Hospital Cost Accounting						
• Provide technical support to HII in determining the new hospital payment method	Complete	System for monitoring the effectiveness of new hospital financing methods and indicators developed; seminar conducted on the methodology of payment; test of new payment methods at EEHR pilot hospitals initiated, second cost accounting study conducted through on-the job skills building.	X			
• Provide technical assistance to HII to develop financing rules and regulations, including but not limited to the regulation of paperwork and determine the further technical support needed to implement the new hospital payment system.			X	X		
• Develop a system for monitoring the effectiveness of new hospital financing method, suggest indicators, and support data collection for analysis.			X	X		
• Conduct a seminar with the management of the pilot hospitals on the methodology of the new financing model and possible ways to improve the efficiency/effectiveness of hospitals.				X	X	
• Provide technical guidance and support to the staff of pilot hospitals to conduct a second (follow up) study on cost accounting, analyze results and simulate scenarios (Q3).					X	
• Provide technical support to implementation of new hospital payment to pilot hospitals.				X	X	X
Activity 12: Support Development of Policy Framework and Guidelines for MCH Referral System						
• Create a joint working group from among medical staff in the three pilot hospitals	In process	Working group on MCH	X			

Activity	STATUS	Outputs/Verification	Q1	Q2	Q3	Q4
to work on MCH referrals.		referrals established; recommendations and action plan for improved MCH referral system developed; policy, guidelines, and tools approved by MOH				
• Conduct a series of meetings to:						
○ Discuss perceived issues regarding the existing MCH referral system in Albania and findings of WHO's 2010 research (in coordination with WHO local office);			X	X		
○ Share international experiences and best practices in MCH referrals for review and discussion; and			X	X		
○ Develop an action plan to improve the referral system.			X	X		
• Seek external expert support to provide technical assistance to the working group to implement the action plan, resulting in the design of an improved MCH referral system which may be approved as policy by the MOH and will include practical guidelines, forms, and tools for implementation in pilot sites.				X	X	
STRATEGY 2: IMPROVE HEALTH REFORM POLICY AND PLANNING						
Activity 1: Ensure Reform Coordination Mechanism and its Secretariat is Functioning						
• Support the organization of the first HRISG meeting.	Complete	EEHR will support the function of the HRISG by supporting the Secretariat to organize at least two meetings during Y3 where proposals for adopting new national health reform policies will be presented by the project. The proposals will be based on successfully completed field testing of initiatives pursued under Strategy 1, 2, or 3. Hospital and health policies developed.		X		
• Support the organization of the second HRISG meeting.						X
• Organize HRISG group member periodic visits to EEHR pilot hospitals.			X	X	X	X
• Invite members of HRISG to attend EEHR organized seminars and other events (ongoing).			X	X	X	X
Activity 2: Continue to build capacity to monitor hospital and health system performance indicators to inform policymaking						
Support Strengthening of the M&E Function at National and	Complete	Health Sector Activity Maps				

Activity	STATUS	Outputs/Verification	Q1	Q2	Q3	Q4
Regional Levels. Continue to support the MOH's M&E function at the regional and national levels by implementing the following three initiatives (under a, b, and c below):		regularly updated, set of milestones for national health institutions identified, semi-annual and annual Milestone Reports prepared, presented, and approved by the HRISG; annual health system performance report for 2012 prepared				
a. Provide technical support to the MOH's M&E department needed to ensure timely and quality updates of Health Sector Activity Maps, List of Milestones, and Milestone Reports which strengthen responsiveness and accountability in the health system.						
• Support the preparation of milestone and annual health system performance report by assisting the M&E department with the summary and presentation of findings, conclusions, and recommendations, editing, formatting and preparing the report for the submission to the National Level M&E Reference Forum.				X	X	X
• Continue to provide technical support to the regular meetings of the National M&E Core Group where key health system stakeholders (MOH, HII, IPH) aided by EEHR experts, discuss the interpretation of health information and data on core health system indicators and prepare recommendations for the attention of the National Level M&E Reference forum (Quarterly).			X	X	X	X
b. Respond to the capacity building needs for the M&E function at the national and regional levels (MOH M&E Department, National M&E Core Group and Regional M&E Groups). The capacity building effort will provide the knowledge, tools and techniques supportive of quality collection and analysis of system data and information and its presentation for policy priority setting, development, and decision making. EEHR will conduct a three-day training on basic data analysis, presentation and use of data and information for decision making for the MOH M&E department, other national health institutions at both the national and regional levels; techniques for performance improvement: basic performance improvement concepts and tools; measuring institutional performance; managing and measuring change within an organization	Complete	Training seminar materials developed, training seminar accredited with NCCME; strengthened capacity for M&E at the regional and national levels				
• Develop training seminar material			X			
• Accredit training seminar by the NCCME			X			
• Deliver training seminar			X			
c. Collaborate with the MOH on the establishment and institutionalization of regional reference groups (that is, creating formalized terms of references and	Complete	TOR for M&E reference groups developed and				

Activity	STATUS	Outputs/Verification	Q1	Q2	Q3	Q4
duties for the groups) on M&E in the target regions of Korca and Lezha. No such group will be created in Tirana as the project is working with a specialty hospital as opposed to a regional institution and thus the M&E structure is somewhat different and less replicable. The groups will be vested with powers to recommend action to local and national decision-makers in response to health system improvement needs identified through the work of the regional monitoring system process set up by EEHR initiative in Y2.		approved, regional health system performance reports developed, capacity built for the preparation of reports and regional health system monitoring				
• Prepare terms of reference (TOR) for the M&E reference groups in the regions of Lezha and Korca.			X			
• Identify and propose members to the M&E reference groups in the EEHR pilot regions.			X			
• Approve the TOR and composition of groups with the MOH.			X			
• Support the organization of meetings of the reference groups.				X		
• Support the preparation of regional milestone report and regional health system performance report.				X	X	X
• Workshops on regional indicator collection, data analysis, data/report preparation for performance (as needed).						
Technical assistance for enhancing the usability of the IPH Data Warehouse.	In process	MOU developed, technical requirements specified for Data Warehouse improvements, user friendly analytical tools developed/deployed, data cleaning methods instituted, trainings conducted, Data Warehouse used by non-technical users for decision-making and policymaking..				
• Prepare a draft MOU or letter of agreement for discussion with IPH.			X			
• Finalize MOU or letter of agreement with input from IPH and sign MOU.			X			
• Organize/facilitate meetings of working group on Data Warehouse improvement.			X	X	X	
• Prepare technical requirements for new features to be added to the Data Warehouse.			X			
• Implement the new features for the Data Warehouse leading to the creation of user-friendly analytical tools.				X		
• Implement methods for data cleaning.			X	X		
• Implement methods to expand the scope of the data collected within the Data				X	X	X

Activity	STATUS	Outputs/Verification	Q1	Q2	Q3	Q4
Warehouse.						
• Provide technical guidance and trainings related to the new features of the Data Warehouse addressed to mid-level non-technical users.				X	X	
• Provide guidance and training on the new features of the Data Warehouse addressed to senior-level decision-makers and policymakers.						X
STRATEGY 3: ENHANCE NON-STATE ACTORS' PARTICIPATION AND OVERSIGHT OF HEALTH SYSTEMS PERFORMANCE						
Activity 1: Engage non-state groups to provide inputs and participate in dialogue and communication regarding health reforms and hospital improvements						
• Select a research organization through a competitive grant-making process.	In process	Knowledge, attitude, and behavior factors influencing non-state actors / consumers' relationship with the health care system documented and fed into activity design and planning. Communication strategy for engaging non-state actors developed. Technical activities to implement the communication strategy initiated. Dialogue on community advisory councils initiated.	X			
• Monitor the focus group research.			X			
• Develop a consumer action guide emphasizing what citizens should expect of their healthcare system, health care consumer rights, how to monitor quality and provide feedback to the system, and how to engage with other civil society actors.			X			
• Determine the strategic use of relevant communication channels, such as social media, mass media, mobile phones, and community mobilization in a manner reinforcing the US Embassy and USAID ACT Now initiative.			X			
• Develop key messages based on audience research and in consideration of specific EEHR activities designed to improve health reform policy and planning and strengthen local capacity to advocate for health reforms.			X			
• Establish indicators and tracking mechanisms to measure impact of all communication strategy components.			X			
• Prepare communication strategy and get approval (from USAID) on the details of communication strategy implementation plan, with roles and responsibilities, budget estimates, and timelines.			X			
• Initiate technical activities (to be determined) as outlined in the implementation plan.				X		
• Support the creation of a coalition of non-government actors focusing on health						X

Activity	STATUS	Outputs/Verification	Q1	Q2	Q3	Q4
reform advocacy and information dissemination.						
• Engage the MOH and hospitals in a dialogue galvanizing institutional support for the establishment of community advisory council.						X
• Work with non-state actors to identify potential members for community advisory councils.						X
• Agree on the establishment of a community advisory council connected to a pilot hospital in one region.						X
Activity 2: Implement Small Grants Program						
• Develop and release annual program statement.	Complete	Selected number of grants awarded to health NGOs, community groups, and/or health provider groups to support hospital reform activities in pilot sites.		X		
• Select grantee(s).					X	
• Disburse and monitor grant(s).						X
Activity 3: Build Capacity of Media to Play an Effective Role in Health Reform						
• Identify key journalists and engage them in a dialogue about their role in influencing attitudes and perceptions regarding health issues and health reform.	Complete	Links between health journalists, health communicators within the site hospitals and others in the sector strengthened. Awareness increased regarding health reforms and regular networking for media professionals in the health sector fostered. "Health Journalists Club" fostered.	X			
• Foster the existing "Health Journalists Club" to provide a regular forum for discussing human and health matters and play a pivotal role in the lives of individuals, businesses, governments and communities. The club will function as a dynamic health media network.				X	X	X
Activity 4: Increase Capacity for Internal and External Hospital Communication (Public Relations)						
• Help hospital directors to identify hospital staff possessing the kinds of skills and experience that will make them likely to succeed in building and supporting the hospital communications function with the technical support of the project.	Complete	Capacities of health communicators within the site hospitals identified and strengthened.	X			
• Help the hospitals conduct strategic communication planning and analyze				X		

Activity	STATUS	Outputs/Verification	Q1	Q2	Q3	Q4
organizational background and the external and public environments.		Communications strategies and PR/communications handbook developed. Training developed and delivered to hospital PR communications group members.				
• Determine the communications objectives and target audiences, draft key messages, and learn and follow the proper strategies and tactics and apply the right tools, techniques and channels (including social media) to reach the target audience with particular sensitivity to timing and timelines.				X		
• Build the knowledge and skills of dedicated spokespeople at the hospital.				X		
• Ensure sustainability of the communications function through the development of manuals, trainings, related supportive supervision from EEHR, as well as through advocacy with the HRISG and MOH to allow hospitals to open positions for communications officers.				X		
Activity 5: Improve Customer Care and Introduce Patient Satisfaction Monitoring						
• Establish with hospital managers and internal working groups that customer care and patient satisfaction monitoring is a priority activity.	In process	A training module on customer care standards developed and training conducted for hospital staff. Patient satisfaction monitoring systems institutionalized in pilot hospitals.			X	
• Provide training in customer service, courtesy, and patient privacy in all three hospitals and deliver training modules to hospital HR departments for future use.						X
• Develop a patient satisfaction monitoring system for all three pilot hospitals.						X
• Develop, with hospital managers, strategies for responding to patient complaints and satisfaction issues as they arise on an individual and aggregate basis (through reports/surveys as well as at the time a specific complaint is made)						X